AFN #2013000046 Recorded 01/09/2013 at 01:13 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

DIVISION OF CHILD SUPPORT PO Box 11520 Tacoma WA 98411-5520

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: JUSTIN CURTIS	MOORE	, also known as or
doing business as: JUSTIN C MOOF	RE	
	``	
SSN: <u>xxx-xx-69</u>	DOB: 03/0	08/1988
Grantee or Creditor: The Departmen	nt of Social and Health Services	(DSHS).
Legal Description:		)
Assessor's Property Tax Parcel Acco	ount Number:	
Child support payments, not paid wh DSHS claims that the debtor named Support (DCS) files a lien in the amo	above owes past-due child sup	
X All real and personal property of	the debtor named above excep	ot Tribal Trust property.
☐ Only the property described in th	e Legal Description section ab	ove.
January 05, 2013	N BETANCOURT	<b>\</b> / /
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(509) 886-6800	N BETANCOURT	
Telephone Number	Person to Contact	, .
		020723810054836760000000422502
In reply, refer to:		

Case #: 2072381

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4460:01052013/ 2072381 / 4460